Department of Health Services State of California—Health and Welfare Agency **Toxic Substances Control Division** Sacramento, California (Form designed for use on elite (12 pitch) typewriter.) Information in the shaded areas is not required by Federal 1. Generator's US EPA ID No. 2. Page 1 UNIFORM HAZARDOUS Manifest Document No. **WASTE MANIFEST** A D 0 8 6 5 1 0 3. Generator's Name and Mailing Address DOUGLAS AIRCRAFT COMPANY A State Manifest Document Number 190th & Normandie Avenue B.State Generator's ID Torrance, CA 90502 (213) 533-6677 5. Transporter 1 Company Name US EPA ID Number C.State Transporter's ID 4 D.Transporter's Phone (213)268-313 J. C. Liquid Waste Disposal
7. Transporter 2 Company Name E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G.State Facility's ID CASMALIA P.O.BOX E. NTU Road Casmalia, CA 93429 12.Containers 13. 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Unit Total Waste No. Type Quantity Wt/Vo E a. N Waste Hazardous Waste Liquid N.O.S ORM-E UN9189 E 0 4 5 0 0 461 G b. 0 C. d. J. Additional Descriptions for Materials Listed Above K, Handling Codes for Wastes Listed Above Paint Sludge bio Degradable Coolant 15. Special Handling Instructions and Additional Information Gudle No. #31 Use gloves, goggles, respirator. Do not go near open flame or inhale fumes. 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Printed/Typed Name Month Day Signature Year Donald C. Gerber 17. Transporter 1 Acknowledgement of Receipt of Materials TRANSPORTER Month Day Printed/Typed Name Signature 92/17 18. Transporter 2 Acknowledgement or Receipt of Materials Date Month Day Printed/Typed Name 19. Discrepancy Indication Space FACIL 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Date Year Signature Month Day

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Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

Department of Health Services

2/72/ Substances Control Division Sacramento, California #8016 - #8017 - #8018 Please print or type. (Form designed for use on elite (12-pitch) typewriter.) 2. Page 1 1. Generator's US EPA ID No. Manifest Document No Information in the shaded areas **UNIFORM HAZARDOUS** is not required by Federal of WASTE MANIFEST law A State Manifest Document Number 3. Generator's Name and Mailing Address 04301334 DOUGLAS AIRCRAFT COMPANY B.State Generator's ID 190th & Normandie Avenue 4. Generaldes Phone (90502) 5. Transporter 1 Company Name US EPA ID Number C.State Transporter's ID D.Transporter's Phone (213)268-3137 J. C. Liquid Waste Disposal Transporter 2 Company Name OSROTRS US EPA ID Number E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G.State Facility's ID 10. CASMALIA H.Facility's Phone P.O.BOX E, NTU Road Casmalia, CA 93429 12.Containers 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Total Unit Waste No. Type Quantity Mt/Vo G a. E N E Waste Hazardous Waste Liquid N.O.S ORM-E 0 4 5 0 0 46 A A T b. 0 R C. d. J. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above Paint Sludge 810 Degradable Coolant 15. Special Handling Instructions and Additional Information Gudle No. #31 Use gloves, goggles, respirator. Do not go near open flame or inhale fumes. 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Month Day Printed/Typed Name Signature Year Donald C. Gerber Date 17. Transporter 1 Acknowledgement of Receipt of Materials RAZSPORTER Printed/Typed Name Month Day Year Signature 18. Transporter 2 Acknowledgement or Receipt of Materials Date Month Day Year Printed/Typed Name Signature 19. Discrepancy Indication Space FACI Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Date Printed/Typed Name Signature Month Day Year

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